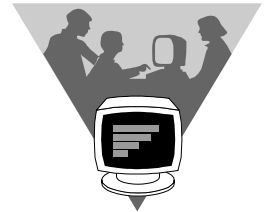




OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
 1300 National Drive, Suite #150
 SACRAMENTO, CA 95834-1991
 TELEPHONE: (916) 928-8390
 FAX (916) 928-8392



ADDRESS CHANGE NOTIFICATION FORM

California Code of Regulations, Title 16, Division 16, Article 1, Section 1604. Filing of Addresses

by Licensees: requires all licensees to immediately report all changes of address. Please complete this form to report your address changes. IF A PUBLIC ADDRESS IS NOT GIVEN, YOUR CONFIDENTIAL MAILING ADDRESS WILL BE POSTED ON OUR WEBSITE.

Old Public Address Name _____ Facility Name (if any) _____ Street Address _____ City _____ State _____ Zip _____ (Telephone Number – Optional) _____	New Public Address Name _____ Facility Name (if any) _____ Street Address _____ City _____ State _____ Zip _____ (Telephone Number – Optional) _____
Old Mailing Address (<i>confidential – for Board use only</i>) Name _____ Facility Name (if any) _____ Street Address _____ City _____ State _____ Zip _____ Telephone Number (<i>confidential- for Board use only</i>) _____ Fax Number _____	New Mailing Address (<i>confidential – for Board use only</i>) Name _____ Facility Name (if any) _____ Street Address _____ City _____ State _____ Zip _____ Telephone Number (<i>confidential for Board use only</i>) _____ Fax Number _____ E-mail address _____

Signature of Physician _____

License Number _____

Date _____